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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 093400001		CITY OR TOW	'N ORLEANS	•
APPLICATION F	OR RENEWAL:	Seasonal	LICI	ENSED FOR 2	013
		CLASS			YEAR
	E: CAPE COD LOS	BSTER CLAW INC. AW			
ADDRESS 42 RT	E. 6A				
CITY/TOWN: O	RLEANS	STATE: MA	ZIP CODE:	02653	
MANAGER: BE	ERIG, DONALD J.T	YPE OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
TWO ENTRANCES	OUND FLOOR & FUI	MISES: ONE ON SOUTH SIDE. LL FOR STORAGE. ON			PATIO &
I hereby certify and	d swear under penalt	ies of perjury that:			
		of the same type for the	-		
	*	ith all laws of the Cor		ig to taxes; and	
3. the pre	mises are now open f	for business (If not ex	plain below)		
SIGNED BY:	Individual, Parti	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICA Individual Social S	
Acts of 2004, sign	ned by the building	nre in possession (1) t inspector and the he of liquor liability in	ad of the fire depa	artment for the	e above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved ex	plain)				
(11 disappioved ex	γιωπ)				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 \$ 16A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 093400022	CITY OR TOWN ORLEANS		
APPLICATION	N FOR RENEWAL:	Seasonal	LICENSED FOR 20	013
		CLASS		YEAR
LICENSEE NA	ME: ORLEANS SEA	AFOOD, INC.		
DOING BUSIN	NESS A COOKE'S SEA	AFOOD RESTAURANT		
ADDRESS 1 R	TE. 28			
CITY/TOWN:	ORLEANS	STATE: MA	ZIP CODE: 02653	
	MITROKOSTAS, T POLIXENI	TYPE OF LICENSE: Rest	aurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS	_
DESCRIPTION	N OF LICENSED PRE	MISES:		
			E ST) ONE FLOOR; 60% DINING ICE AT TABLES ONLY INSIDE	
I hereby certify	and swear under penal	ties of perjury that:		
1. the r	renewed license will be	of the same type for the s	same premises now licensed;	
2. the l	icensee has complied w	vith all laws of the Comm	onwealth relating to taxes; and	
3. the p	premises are now open	for business (If not explain	in below)	
SIGNED BY:				
	Individual, Part	ner or Authorized Corpor	rate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICAT	TION NUMBER:
			(Note: NOT Individual Social S	Security Number)
Acts of 2004, s	signed by the building	inspector and the head	certificate required by Chapt of the fire department for the ance required by Chapter 116	above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUTHO	ORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		-	
DATE:				
DAIL.				

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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400047		CITY OR TOWN ORLEANS		
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR 2013 YEAR		
LICENSEE NAME: GOOD SEA, INCOMING BUSINESS A CAPT'N ELMI				
ADDRESS 18 OLD COLONY WAY	CTATE. MA	7ID CODE. 02652		
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE: 02653		
MANAGER: COSTA, MICHELLET EMAIL ADDRESS:  PLEASE ALSO VISIT OUR DESCRIPTION OF LICENSED PREM 74 SEATS APPROX. 2,900 SQ. FT. ONE	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
AREA, RESTROOMS, 2 ENTRANCES/EX				
the licensee has complied w     the premises are now open f  SIGNED BY:  Individual, Partr	ith all laws of the Comm	onwealth relating to taxes; and in below)		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Acts of 2004, signed by the building	inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:		
DATE:				

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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 093400052		CITY OR TOWN	ORLEANS
APPLICATION FO	R RENEWAL:	Seasonal	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 2 ACAD	DEMY PLACE			
CITY/TOWN: ORI	LEANS	STATE: MA	ZIP CODE:	02653
	LDBERG, TARLES S.	TYPE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF				
		SERVICE, RESTROOMS FROM KITCHEN DINII		
I hereby certify and	swear under penal	ties of perjury that:		
1. the renew	ved license will be	of the same type for the	same premises now	licensed;
2. the licens	see has complied w	with all laws of the Com	nonwealth relating to	o taxes; and
3. the premi	ises are now open	for business (If not expl	ain below)	
SIGNED BY:				
SIGNED BI.				
SIGNED B1.	Individual, Part	ner or Authorized Corp	orate Officer	
SIGNED B1.	Individual, Part	ner or Authorized Corp	orate Officer	
	Individual, Part	ner or Authorized Corpe	orate Officer	
DATE:		ner or Authorized Corpo	EMPLOYER	R IDENTIFICATION NUMBER:
			EMPLOYER	R IDENTIFICATION NUMBER: ividual Social Security Number)
DATE:  We the undersigne Acts of 2004, signe	TELEPHO d, attest that we a d by the building	ONE NUMBER: are in possession (1) th inspector and the hea	EMPLOYER (Note: <u>NOT</u> Ind e certificate require d of the fire departi	ividual Social Security Number) ed by Chapter 304 of the
DATE:  We the undersigne Acts of 2004, signe named license and	TELEPHO d, attest that we a d by the building	ONE NUMBER: are in possession (1) th inspector and the hea	EMPLOYER (Note: <u>NOT</u> Ind e certificate require d of the fire departing arance required by	ed by Chapter 304 of the ment for the above
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHO d, attest that we a d by the building	ONE NUMBER: are in possession (1) th inspector and the hea	EMPLOYER (Note: <u>NOT</u> Ind e certificate require d of the fire departing arance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHO d, attest that we a d by the building (2) the certificate	ONE NUMBER: are in possession (1) th inspector and the hea	EMPLOYER (Note: NOT Indecember In	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHO d, attest that we a d by the building (2) the certificate	ONE NUMBER: are in possession (1) th inspector and the hea	EMPLOYER (Note: NOT Indecember In	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHO d, attest that we a d by the building (2) the certificate	ONE NUMBER: are in possession (1) th inspector and the hea	EMPLOYER (Note: NOT Indecember In	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts

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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 093400054	(	CITY OR TOWN ORLEAN	IS
APPLICATION FOR RENEWAL:	Seasonal CLASS	LICENSED FOR	2013 YEAR
LICENSEE NAME: ADG, INC. DOING BUSINESS A ORLEANS LOP	BSTER POUND		
ADDRESS 157 ROUTE 6A			
CITY/TOWN: ORLEANS	STATE: MA	ZIP CODE: 02653	
MANAGER: DEL GIZZI, DAVID TY	PE OF LICENSE: Resta	urant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREM	ISES:		
200 SEAT RESTAURANT, 2 STORY FRA STORAGE AREA; FIRST FLOOR; KITCH AREA RESTROOMS, DECK, PORCH, PA EXITS/ENTRANCES AND 1 REAR EXIT/	EN, STORAGE AREA, TH TIO. 2ND FLR; OFFICE,L	IREE DINING ROOMS WITH	
I hereby certify and swear under penaltic	es of perjury that:		
1. the renewed license will be o	f the same type for the sa	ame premises now licensed;	
2. the licensee has complied with	th all laws of the Commo	nwealth relating to taxes; and	l
3. the premises are now open for	r business (If not explain	n below)	
SIGNED BY: Individual, Partne	er or Authorized Corpora	te Officer	
DATE: TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head o	of the fire department for th	ie above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTI By:	HORITY
DATE:			

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